

REQUEST FOR SALARY ADVANCE

DEPARTMENT OF FINANCE & MANAGEMENT

To be Completed by the Employee Requesting Salary Advance:				
Employee Name:		Last 4 Digits of SSN:	Employee ID:	
Department:	Vendor ID (to be completed		by Payroll):	
Reason for Salary Advance: Please explain your reason for requesting this salary advance and attach a signed copy of your current time report and any other documentation that would support your request.				
(AMOUNT REQUESTED): \$100 \$200 OTHER				
I hereby request a special check in the amount noted above, to be paid in advance. My signature below indicates approval for the State to withhold the full amount of this salary advance from my paycheck which is scheduled to be paid on// I certify that the State Treasurer does not have a legal attachment against my salary for this pay period. Employee Signature: Date:				
If approved please (choose o	*	☐ Mail check to:		
☐ Call when check is ready for pick-up Phone No.:		Address:		
1 Hone No	TIONE NO		City: State: Zip:	
Review & Approval by Employee's Supervisor and Personnel Officer:				
□ Approved□ Denied (indicate reason)	Supervisor Signature:		Date:	
□ Approved □ Denied (indicate reason)	Personnel Officer Signature:		Date:	
Personnel Officer Fax or Mail Completed Form and Supporting Attachments to:				
Finance & Management, Payroll Division, 110 State Street, Montpelier, VT 05620-3001 FAX: 828-2412				
□ Approved □ Denied (indicate reason)	DHR Payroll Manager:		Date:	
*****NOTICE *****				
The Department of Finance & Management cannot issue a warrant on the State Treasurer in the current calendar year and record the payment in another. Any requests for salary advances received between the date of the last salary payment in a calendar year and the beginning of the payt calendar year shall not be beginning of the payt calendar year shall not be beginning.				